

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS FOOD DISTRIBUTION PROGRAM

7500 Odawa Circle Harbor Springs, MI 49740 Telephone: (231) 242-1626 Fax: (231) 242-1635

Expedited Service Application

This Service is provided on a one time basis only and does not imply continued participation in the LTBB Food Distribution Program. You are required to provide the necessary documents within 10 days to determine eligibility to continue participation in this program.

Date: _____

Tribal Affiliation

Enrollment No. _____

Name: _____

Date of Birth _____

Address: _____

Social Security # _____

Apt. No.: _____

Home Telephone _____

City/MI/ Zip: _____

Work Telephone _____

County: _____

Please complete if physical address is different from mailing address:

Address _____

City, State, Zip _____

HOUSEHOLD COMPOSITION AND INCOME INFORMATION

List household members other than the applicant, who are living in your household. All persons 18 years and older who claim zero income **MUST** complete a "0" Income Form.

	NAME	DOB	SOCIAL SECURITY	INCOME SOURCE	PAY FREQUENCY
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					

I am applying for expedited services for the following reason: _____

- I understand that I must meet income guidelines to be eligible to receive commodity food assistance.
- I understand that I cannot receive commodity foods and food stamps during the same month.
- I understand that I must provide any documentation that may be required for any subsequent issuances.
- I understand that if I do not provide this information, that I will be unable to receive any future issuance until I provide this documentation.

Signature _____

Date _____

Please provide Social Security numbers and copies of cards

Please provide copies of all tribal card

Please provide copies of household income (1 month)